

Case Number:	CM15-0028255		
Date Assigned:	02/20/2015	Date of Injury:	07/08/2010
Decision Date:	03/31/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/13/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 44 year old female sustained an industrial injury on 7/8/10, with subsequent ongoing low back pain. In a PR-2 dated 1/17/13, the injured worker reported having increased pain after performing a new home exercise program. The injured worker continued to exercise even after she experienced pain. The injured worker rated the pain 6-10/10 on the visual analog scale with radiation down the lower extremities, numbness and leg weakness. Physical exam was remarkable for lumbar spine with tenderness to palpation, decreased range of motion and diminished sensation at L4-5 on the left, tenderness to palpation to the left foot and ankle and bilateral feet with very decreased range of motion. Current diagnoses included lumbar region injury, ganglion cysts left foot status post-surgery (9/11), lumbar strain/sprain, lumbar discogenic syndrome, foot strain/sprain and lumbosacral neuritis. The treatment plan included continuing home exercise and transcutaneous electrical nerve stimulator unit, back support, physical therapy for lumbar spine and both feet three times a week for four weeks, podiatry consult and magnetic resonance imaging of the lumbar spine and right foot. On 2/3/15, Utilization Review noncertified a request for physical therapy 3 x a week x 4 weeks for the back noting lack of documentation regarding the amount and response to previous physical therapy and citing CA MTUS Guidelines. As a result of the UR denial, an IMR was filed with the [REDACTED]

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical therapy 3 x a week x 4 weeks for the back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Preface, Physical Therapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. The claimant had been performing home exercise for months. In addition, the claimant had completed an unknown amount of physical therapy in the past. Consequently, additional 12 physical therapy sessions are not medically necessary.